



Arizona Department of Water Resources
Groundwater Management Support Section
P.O. Box 458 • Phoenix, Arizona 85001-0458
(602) 417-2470 • (800) 352-8488
www.water.az.gov

\$10 FEE

**Notice of Intent to
Drill and Abandon an
Exploration / Specialty Well**

- ❖ Review instructions prior to completing form
 - ❖ You must include with your Notice:
 - \$10 check or money order for the processing fee
 - Well construction diagram showing all proposed well construction features listed in Section 5 and the proposed abandonment specifications listed in Section 6.
 - ❖ Authority for fee: A.R.S. § 45-113(B), A.A.C. R12-15-151(B)(4)(a)
- ** PLEASE PRINT CLEARLY ****

AMA / INA	B	SB
RECEIVED	DATE	WS
ISSUED	DATE	WQARF CERCLA

FILE NUMBER
WELL REGISTRATION NUMBER
55 -

SECTION 1. REGISTRY INFORMATION

Well Type	Location of Well
CHECK ONE <input type="checkbox"/> *Mineral Exploration <input type="checkbox"/> *Geotechnical <input type="checkbox"/> *Heat Pump <input type="checkbox"/> Cathodic Protection <input type="checkbox"/> Grounding <input type="checkbox"/> Other (<i>please specify</i>):	WELL LOCATION ADDRESS (IF ANY) TOWNSHIP (N/S) RANGE (E/W) SECTION 160 ACRE 40 ACRE 10 ACRE 1/4 1/4 1/4 COUNTY WHERE WELL IS LOCATED
*NUMBER OF WELLS (HOLES)	

SECTION 2. OWNER INFORMATION

Well Owner	Landowner (if different from Well Owner)
FULL NAME OF COMPANY, ORGANIZATION, OR INDIVIDUAL	FULL NAME OF COMPANY, GOVERNMENT AGENCY, OR INDIVIDUAL
MAILING ADDRESS	MAILING ADDRESS
CITY / STATE / ZIP CODE	CITY / STATE / ZIP CODE
CONTACT PERSON NAME AND TITLE	CONTACT PERSON NAME AND TITLE
TELEPHONE NUMBER FAX	TELEPHONE NUMBER FAX

SECTION 3. DRILLING AUTHORIZATION

Drilling Firm	Consultant (if applicable)
NAME	CONSULTING FIRM
DWR LICENSE NUMBER ROC LICENSE CATEGORY	CONTACT PERSON NAME
TELEPHONE NUMBER FAX	TELEPHONE NUMBER FAX
	E-MAIL ADDRESS

SECTION 4.

Questions	Yes	No	If Yes:
1. Is the proposed well site within 100 feet of a septic tank system, sewer disposal area, landfill, hazardous materials or petroleum storage area or tank?			You must submit a letter requesting a variance from the 100-foot setback requirement (A.A.C. R12-15-818). However, if the proposed well is a geotechnical well that will be abandoned before the drill rig leaves the well site, a variance may be requested by simply checking the box below. <input type="checkbox"/> I request a variance from the 100-foot setback requirement for a geotechnical well.
2. If applicable, are you requesting a variance to use thermoplastic casing in lieu of steel in the surface seal?			The wells must be constructed in a vault as defined in A.A.C. R12-15-801(27).
3. Is there another well name or identification number associated with this well?			PLEASE STATE

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Provide a well construction diagram showing all existing well construction features listed in Section 5 and the proposed abandonment specifications listed in Section 6.

SECTION 5. PROPOSED WELL CONSTRUCTION PLAN (attach additional page if needed)

DATE CONSTRUCTION TO BEGIN

**** Required Information ****

Borehole			Casing (if applicable)													
DEPTH FROM SURFACE		BOREHOLE DIAMETER (inches)	DEPTH FROM SURFACE		OUTER DIAMETER (inches)	MATERIAL TYPE (X)				PERFORATION TYPE (X)					SLOT SIZE IF ANY (inches)	
FROM (feet)	TO (feet)		FROM (feet)	TO (feet)		STEEL	PVC	ABS	IF OTHER TYPE, DESCRIBE	BLANK OR NONE	WIRE WRAP	SHUTTER SCREEN	MILLS KNIFE	SLOTTED		IF OTHER TYPE, DESCRIBE

Annular Material												
DEPTH FROM SURFACE		ANNULAR MATERIAL TYPE (X)							FILTER PACK			
FROM (feet)	TO (feet)	NONE	CONCRETE	NEAT CEMENT OR CEMENT GROUT	CEMENT-BENTONITE GROUT	BENTONITE			IF OTHER TYPE OF ANNULAR MATERIAL, DESCRIBE	SAND	GRAVEL	SIZE
						GROUT	CHIPS	PELLETS				

SECTION 6. PROPOSED WELL ABANDONMENT DESIGN (Refer to ADWR'S Well Abandonment Handbook for additional information.)

DEPTH FROM SURFACE		Casing Treatment (if applicable)					DEPTH FROM SURFACE		Sealing or Fill Material									
FROM (feet)	TO (feet)	TYPE (X)					FROM (feet)	TO (feet)	GROUT TYPE (X)							SAND	MIXING RATIO by (check one) <input type="checkbox"/> Weight <input type="checkbox"/> Volume	ESTIMATED VOLUME OF MATERIAL (cubic feet)
		SONAR JET	BRUSH OR SCRAPE	MILLS KNIFE	CASING REMOVAL (explain in Remarks)	IF OTHER TYPE, DESCRIBE OR IF CASING IS TO BE PERFORATED, DESCRIBE SPACING AND SIZE OF PERFORATIONS TO BE ADDED			NEAT CEMENT	CONCRETE	SAND-CEMENT GROUT	CEMENT-BENTONITE GROUT	SAND-BENTONITE GROUT	HIGH SOLIDS BENTONITE	GROUT			

Proposed Abandonment Method (See Well Abandonment Handbook)

CHECK ONE

☐ Standard Method☐ Alternative 1☐ Alternative 2☐ Alternative 3☐ Alternative 4:☐ Variance Option *☐ Alternative 5:☐ Variance Option 1*☐ Variance Option 2*☐ Other (please specify):

* requires a letter requesting a variance

REMARKS

Emplacement Method of Sealing or Fill Material

CHECK ONE

☐ Gravity☐ Pressure Grouting☐ Tremie Pumped☐ Other (please specify):

I state that this notice is filed in compliance with A.R.S. § 45-596 and is complete and correct to the best of my knowledge and belief.

TYPE OR PRINT NAME AND TITLE

SIGNATURE OF LANDOWNER, WELL OWNER OR EXPLORATION FIRM

DATE